CITY OF HARRISBURG
APPLICATION FOR
PREMISES OF MECHANICAL DEVICE LICENSE

MAIL TO: TAX AND ENFORCEMENT OFFICE
           10 N 2ND STREET, SUITE 305-A
           HARRISBURG, PA 17101

LICENSE & FILING FEE - $10.00
CHECK OR MONEY ORDER ONLY!!!
MAKE PAYABLE TO **"CITY TREASURER"**
DATE APPLIED _____

Application is hereby made for an Operator's Mechanical Device License for the year(s) 20____ as required by Chapter 5-711.3 of the Codified Ordinance, City of Harrisburg, as adopted by City Council of the City of Harrisburg providing for same.

1. Business name and address. If conducted under a corporate name or fictitious name, list name (**please print clearly)**:

_____
BUSINESS NAME

_____
BUSINESS ADDRESS   CITY   STATE   ZIP CODE

_____   _____
BUSINESS TELEPHONE NUMBER   IRS ID. NUMBER

2. Give the name(s) of the true owners of the said business, their legal residence (**excluding post office boxes**), social security   number, date of birth, and telephone number:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY, STATE & ZIP	CITY, STATE & ZIP	CITY, STATE & ZIP
SOCIAL SECURITY #	SOCIAL SECURITY #	SOCIAL SECURITY #
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
TELEPHONE #	TELEPHONE #	TELEPHONE #

3. Give the name(s) and address(es) of the distributor(s) from whom such machine(s) are to be secured from:

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE & ZIP	CITY, STATE & ZIP

4. Number of machines to be operated for the calendar year_____.

5. Failure to provide the above information required for proper enforcement of the Mechanical Amusement Devices Ordinance shall cause rejection of the application and require a new application & filling fees.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA C.S. #4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

_____   _____
DATE   AUTHORIZED SIGNATURE

OFFICE USE ONLY!!   **APPROVALS**   **OFFICE USE ONLY!!**

I HEREBY CERTIFY THAT PROPER REGULATIONS OF THE BUSINESS LISTED HEREIN HAS BEEN ESTABLISHED WITH THE TAX LICENSING OFFICE.

_____   _____   _____
DATE   TAX & ENFORCEMENT ADMINISTRATOR   LICENSE NUMBER